

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public  
Inspection

<b>A</b> For the 2017 calendar year, or tax year beginning and ending																																		
<b>B</b> Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization ISLAMIC RELIEF USA</td> <td rowspan="4"><b>D</b> Employer identification number  95-4453134</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td>Doing business as ISLAMIC RELIEF/IRUSA</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td colspan="2"><b>E</b> Telephone number 703-370-7202</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2"><b>G</b> Gross receipts \$ 145,802,704.</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td colspan="2"><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td colspan="2">If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="3"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3"><b>J</b> Website: WWW.IRUSA.ORG</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: 1993 <b>M</b> State of legal domicile: CA</td> </tr> </table>	<b>C</b> Name of organization ISLAMIC RELIEF USA		<b>D</b> Employer identification number  95-4453134	<input type="checkbox"/> Address change	Doing business as ISLAMIC RELIEF/IRUSA	<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.	<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304	<input type="checkbox"/> Final return/terminated	<b>E</b> Telephone number 703-370-7202		<input type="checkbox"/> Amended return	<b>G</b> Gross receipts \$ 145,802,704.		<input type="checkbox"/> Application pending	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.IRUSA.ORG			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1993 <b>M</b> State of legal domicile: CA
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<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER,	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 5
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 158
	6	Total number of volunteers (estimate if necessary)	6 1506
<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	8	Contributions and grants (Part VIII, line 1h)	104,682,885. 145,421,015.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,636,896. -1,432,526.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,045,989. 143,988,489.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	103,323,633. 126,306,799.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>Expenses</b>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25)	11,099,414.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,880,251. 13,675,201.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	122,412,106. 150,398,532.
19		Revenue less expenses. Subtract line 18 from line 12	-19,366,117. -6,410,043.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	40,324,269. 44,711,691.
	21	Total liabilities (Part X, line 26)	16,859,884. 23,851,801.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,464,385. 20,859,890.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer	Date	
	SHARIF ALY, CEO Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	WILLIAM E TURCO, CPA	<i>[Signature]</i>	SEP 25 2018
	Firm's name ▶ RSM US LLP	Firm's EIN ▶	42-0714325
	Firm's address ▶ 9737 WASHINGTONIAN BLVD, #400 GAITHERSBURG, MD 20878	Phone no. 301-296-3600	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒ X

- 1 Briefly describe the organization's mission:  
 ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED  
 MANNER REGARDLESS OF GENDER, RACE, OR RELIGION, AND WORKS TO EMPOWER  
 INDIVIDUALS IN THEIR COMMUNITIES AND GIVE THEM A VOICE IN THE WORLD.
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
 prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
 revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 81,403,937. including grants of \$ 75,232,642. ) (Revenue \$ )  
**HEALTH AND NUTRITION:**  
 INCLUDES ACTIVITIES RELATED TO COMMUNICABLE DISEASES, HEALTH  
 EDUCATION/BEHAVIOR CHANGE, HEALTH SYSTEMS AND GENERAL HEALTH, MEDICAL  
 COMMODITIES AND PHARMACEUTICALS, NON-COMMUNICABLE DISEASES,  
 REPRODUCTIVE HEALTH, INFANT AND YOUNG CHILD FEEDING, MANAGEMENT OF  
 MODERATE ACUTE MALNUTRITION, MANAGEMENT OF SEVERE ACUTE MALNUTRITION,  
 NUTRITION EDUCATION AND BEHAVIOR CHANGE, AND NUTRITION SYSTEMS.  
 EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:  
 - HEALTHCARE AID FOR SYRIAN REFUGEES (PHASE 2- MOBILE CLINIC PROJECT)  
 WHICH WAS INTENDED TO ASSIST SYRIAN REFUGEES AND VULNERABLE JORDANIAN  
 HOST POPULATION WITH PRIMARY, SECONDARY AND TERTIARY HEALTHCARE, AS  
 WELL AS SPREADING AWARENESS OF COMMON DISEASES IN THE COMMUNITY.
- 4b (Code: ) (Expenses \$ 16,704,871. including grants of \$ 15,849,742. ) (Revenue \$ )  
**EMERGENCY RESPONSE & PREPAREDNESS**  
 THIS CATEGORY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING  
 NEEDS OF A POPULATION AT THE ONSET OF A DISASTER, SUCH AS PROVIDING  
 CLEAN WATER, SANITATION, FOOD, TEMPORARY SHELTER, HOUSEHOLD ITEMS AND  
 EMERGENCY MEDICAL ASSISTANCE.  
 EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:  
 - MEXICO EARTHQUAKE RESPONSE: EMERGENCY SHELTER AND NFI SUPPORT WHICH  
 PROPOSED TO COVER THE IMMEDIATE GAPS IN SHELTER AND NFIS THROUGH THE  
 DISTRIBUTION OF TARPAULIN AND ROPE, KITCHEN KITS, HYGIENE AND  
 PROMOTION.  
 - BIHAR FLOOD RESPONSE IN INDIA WHICH ADDRESSED THE IMMEDIATE
- 4c (Code: ) (Expenses \$ 13,746,754. including grants of \$ 13,015,054. ) (Revenue \$ )  
**ORPHANS:**  
 IRUSA'S WORK IN THIS SECTOR FOCUSES PRIMARILY ON MONTHLY SUPPORT TO  
 ORPHANS TO SUPPLEMENT THEIR BASIC NEEDS, SUCH AS FOOD, EDUCATION,  
 HEALTH CARE AND CLOTHING. IRUSA SUPPORTED 21,500 ORPHANS IN THE  
 FOLLOWING 21 COUNTRIES LOCATIONS THROUGH THE ORPHANS 1-2-1 SPONSORSHIP  
 PROGRAM: AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHECHNYA, ETHIOPIA,  
 INDIA, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON, MALI, NIGER,  
 PAKISTAN, PALESTINE (WEST BANK), SOMALIA, SOUTH AFRICA, SRI LANKA AND  
 YEMEN. IN ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO IMPLEMENTS  
 ADDITIONAL ORPHAN SUPPORT PROGRAMS.  
 EXAMPLES OF ORPHAN SUPPORT PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO,
- 4d Other program services (Describe in Schedule O.)  
 (Expenses \$ 23,396,789. including grants of \$ 22,209,361. ) (Revenue \$ )
- 4e Total program service expenses 135,252,351.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

X

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	126	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	158	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TAREQ OSMAN, CPA, CONTROLLER - 703-370-7202**  
**3655 WHEELER AVE., ALEXANDRIA, VA 22304**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response or note to any line in this Part VII ☐
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KHALED LAMADA CHAIRMAN	3.00	X		X				0.	0.	0.
(2) HAMDY RADWAN VICE CHAIR	3.00	X		X				0.	0.	0.
(3) HAMADI BENGABSIA TREASURER	3.00	X		X				0.	0.	0.
(4) NANCY KHALIL CORPORATE SECRETARY	3.00	X		X				0.	0.	0.
(5) MOHAMED AMR ATTAWIA DIRECTOR	3.00	X						0.	0.	0.
(6) IHAB M. HAMDI SAAD DIRECTOR UNTIL 02/2017	3.00	X						0.	0.	0.
(7) SHARIF ALY CHIEF EXECUTIVE OFFICER	40.00			X				117,160.	0.	39,134.
(8) ANWAR AHMAD KHAN PRESIDENT	40.00			X				178,877.	0.	31,626.
(9) TAREQ OSMAN CONTROLLER	40.00			X				146,141.	0.	40,068.
(10) KHALED HAMADE DIRECTOR OF OPERATIONS	40.00					X		157,017.	0.	42,594.
(11) AZHAR AZEEZ DIR. OF FUND DIVISION	40.00					X		135,523.	0.	47,602.
(12) DAVID HAWA DIR OF COMMUNICATIONS	40.00					X		132,485.	0.	45,716.
(13) DAWN SIKORSKI CORPORATE ATTORNEY	40.00					X		107,786.	0.	26,987.
(14) AHMED SHAHATA COMMUNITY OUTREACH MANAGER	40.00					X		110,763.	0.	43,429.

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	10
---	---	----

	Yes	No
3		X
4	X	
5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	6		
---	--	---	--	--



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	3,876,579.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	141,544,436.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		71,651,932.			
	<b>h</b>	<b>Total. Add lines 1a-1f</b>		145,421,015.			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total. Add lines 2a-2f</b>						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	(ii) Personal			
		Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
	<b>c</b>	Gain or (loss)					
	<b>d</b>	Net gain or (loss)					
	<b>8 a</b>	Gross income from fundraising events (not including \$ 3,876,579. of contributions reported on line 1c). See Part IV, line 18	a	357,799.			
		Less: direct expenses	b	1,814,215.			
	<b>c</b>	Net income or (loss) from fundraising events			-1,456,416.		-1,456,416.
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses	b				
	<b>c</b>	Net income or (loss) from gaming activities					
	<b>10 a</b>	Gross sales of inventory, less returns and allowances	a				
		Less: cost of goods sold	b				
	<b>c</b>	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>	OTHER INCOME	900099	23,890.			23,890.	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total. Add lines 11a-11d</b>		23,890.				
<b>12</b>	<b>Total revenue. See instructions.</b>		143,988,489.	0.	0.	-1,432,526.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,497,541.	4,497,541.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,011,762.	1,011,762.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	120,797,496.	120,797,496.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	553,007.	126,205.	93,407.	333,395.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,380,173.	1,684,274.	1,246,569.	4,449,330.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,549.	43,943.	32,523.	116,083.
<b>9</b> Other employee benefits	1,645,972.	375,637.	278,018.	992,317.
<b>10</b> Payroll taxes	644,831.	147,161.	108,917.	388,753.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	60,218.	13,287.	17,376.	29,555.
<b>c</b> Accounting	64,259.	14,179.	18,541.	31,539.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	380,448.	61,239.	141,650.	177,559.
<b>12</b> Advertising and promotion	1,889,186.	31,557.	23,567.	1,834,062.
<b>13</b> Office expenses	2,197,294.	128,686.	1,277,293.	791,315.
<b>14</b> Information technology	360,441.	76,649.	100,233.	183,559.
<b>15</b> Royalties				
<b>16</b> Occupancy	245,546.	5,299.	232,196.	8,051.
<b>17</b> Travel	962,779.	290,786.	176,218.	495,775.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	298,964.	64,064.	20,046.	214,854.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	271,857.	45,160.	124,219.	102,478.
<b>23</b> Insurance	77,857.	17,011.	22,245.	38,601.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SHIPPING AND HANDLING	5,758,832.	5,758,832.		
<b>b</b> COMMUNITY EVENT SPONSOR	1,002,963.	60,253.	47,659.	895,051.
<b>c</b> PROF EDUC & TRAINING	79,621.		79,621.	
<b>d</b> HONORARIUM	24,936.	1,330.	6,469.	17,137.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	150,398,532.	135,252,351.	4,046,767.	11,099,414.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	33,592,604.	1	36,102,072.
	2 Savings and temporary cash investments	74,060.	2	36,599.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,965.	4	1,874.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	303,000.
	9 Prepaid expenses and deferred charges	892,861.	9	756,436.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,128,391.		
	b Less: accumulated depreciation	10b 932,857.	10c	4,195,534.
	11 Investments - publicly traded securities	1,826,426.	11	3,279,346.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,330.	15	36,830.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	40,324,269.	16	44,711,691.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,245,620.	17	1,278,848.
	18 Grants payable	15,614,264.	18	22,572,953.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	16,859,884.	26	23,851,801.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,669,448.	27	6,935,863.
	28 Temporarily restricted net assets	8,794,937.	28	13,924,027.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	23,464,385.	33	20,859,890.	
34 <b>Total liabilities and net assets/fund balances</b>	40,324,269.	34	44,711,691.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,988,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2	150,398,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,410,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,464,385.
5	Net unrealized gains (losses) on investments	5	619,885.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,185,663.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,859,890.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations  

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,416,174.	112,578,964.	109,204,699.	104,682,885.	145,421,015.	538,303,737.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	66,416,174.	112,578,964.	109,204,699.	104,682,885.	145,421,015.	538,303,737.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						538,303,737.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	66,416,174.	112,578,964.	109,204,699.	104,682,885.	145,421,015.	538,303,737.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	178,175.			602.	23,890.	202,667.
11 <b>Total support.</b> Add lines 7 through 10						538,506,404.

12 Gross receipts from related activities, etc. (see instructions)

12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.96	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.95	%

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2018. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## OTHER INCOME

2013 AMOUNT: \$ 178,175.

2016 AMOUNT: \$ 602.

2017 AMOUNT: \$ 23,890.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



Name of organization	Employer identification number
ISLAMIC RELIEF USA	95-4453134

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 62,192,329.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,430,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,299,610.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
ISLAMIC RELIEF USA	95-4453134

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISPOSABLE, MEDICAL SUPPLIES, PHARMACEUTICALS	\$ 62,192,329.	07/31/17
2	RICE, RELIEF SUPPLIES, MEDICAL AND SURGICAL SUPPLIES	\$ 3,430,000.	05/17/17
3	RICE	\$ 4,299,610.	04/17/17
		\$	
		\$	
		\$	

Name of organization	Employer identification number
ISLAMIC RELIEF USA	95-4453134

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		12,434.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		12,434.													
<b>d</b> Other exempt purpose expenditures		152,212,747.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		152,225,181.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
<b>c</b> Total lobbying expenditures		4,105.	2,435.	12,434.	18,974.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					





**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		2,884,774.	630,940.	2,253,834.
c Leasehold improvements		36,725.	19,445.	17,280.
d Equipment				
e Other		903,613.	282,472.	621,141.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,195,534.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	145,803,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	901.	
e	Add lines 2a through 2d	2e		901.
3	Subtract line 2e from line 1	3		145,802,704.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,814,215.	
c	Add lines 4a and 4b	4c		-1,814,215.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		143,988,489.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	149,157,359.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,822,789.	
e	Add lines 2a through 2d	2e		1,822,789.
3	Subtract line 2e from line 1	3		147,334,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,063,962.	
c	Add lines 4a and 4b	4c		3,063,962.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		150,398,532.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IRUSA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS

OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, IRUSA

QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT

RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO

FEDERAL AND STATE CORPORATE INCOME TAXES. THERE WAS NO NET TAX LIABILITY

FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER 31, 2017.

MANAGEMENT HAS EVALUATED IRUSAS TAX POSITIONS AND HAS CONCLUDED THAT IRUSA

HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR

**Part XIII** Supplemental Information (continued)

UNCERTAINTY IN INCOME TAXES. IRUSA FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 901.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON PART, VIII, LINE 8B -1,814,215.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 8,574.

SPECIAL EVENT EXPENSE REPORTED ON PART, VIII, LINE 8B 1,814,215.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,822,789.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS REPORTED ON PART XI, LINE 9 3,063,962.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		1,063,377.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		30,870,909.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		28,970,029.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		100,042.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		1,814,718.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		98,655.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		10,384,520.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		47,495,246.
<b>3 a</b> Sub-total .....	0	0			120,797,496.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			120,797,496.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	GAZA - IMPROVING THE LIVELIHOODS OF YOUTH THROUGH JOB TRAINING, ENTREPRENEURSHIP AND	1,493,019.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - NO CHILD LEFT BEHIND, SCHOOL CONSTRUCTION TO IMPROVE ACCESS TO	737,500.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - PROVIDE QUALITY EDUCATION TO UNDERPRIVILEGED	388,904.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - STRENGTHEN THE CORE FUNCTIONS OF MONITORING,	549,731.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	IR ACADEMY CAPACITY BUILDING - UNITED KINGDOM	400,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - WORLD HUMANITARIAN ACTION FORUM	73,000.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - EMERGENCY ASSISTANCE TO SNOW AFFECTED FAMILIES.	343,820.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - WINTERIZATION ASSISTANCE FOR INTERNALLY DISPLACED	500,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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3 Enter total number of other organizations or entities

2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - PROVIDE VULNERABLE FAMILIES IN REMOTE AREAS WITH FIREWOOD, BLANKETS	100,000.	WIRE	0.		
			CARE INTERNATIONAL - LIFE SAVING ASSISTANCE FOR ROHINGYA IN SOUTH ASIA	947,988.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - PROVIDE VULNERABLE FAMILIES WITH FIREWOOD AND WINTER CLOTHING.	100,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - PROVIDE VULNERABLE HOUSEHOLDS WITH CONSTRUCTION MATERIALS TO ETHIOPIA - DROUGHT RESPONSE LIFESAVING FOOD AND WATER DISTRIBUTION.	75,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	INDIA - HUMANITARIAN ASSISTANCE TO THE MOST VULNERABLE FLOOD-AFFECTED	200,082.	WIRE	0.		
		SOUTH ASIA	INDIA - WINTERIZATION SUPPORT TO FLOOD AFFECTED FAMILIES.	500,000.	WIRE	0.		
		SOUTH ASIA	IRAQ - EMERGENCY RESPONSE OF FOOD SECURITY AND NON-FOOD ITEMS TO INTERNALLY DISPLACED PERSONS	284,267.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - PROVIDE VULNERABLE REFUGEES AND INTERNALLY DISPLACED PERSONS	383,006.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA		500,000.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
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			MIDDLE EAST AND NORTH AFRICA	JORDAN - PROVIDE VULNERABLE REFUGEES AND MEMBERS OF THE JORDANIAN HOST	700,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - DROUGHT EMERGENCY RELIEF IN MAJIR COUNTY.	300,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - PROVIDE VULNERABLE FAMILIES WITH FOOD ITEMS, BLANKETS, FIREWOOD	83,200.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - PROVIDE REFUGEES AND VULNERABLE FAMILIES WITH FOOD KITS,	700,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - PROVIDE VULNERABLE FAMILIES WITH FIREWOOD AND BLANKETS TO WITHSTAND	20,000.	WIRE	0.		
			NORTH AMERICA	MEXICO - EMERGENCY SHELTER AND NON-FOOD ITEMS FOR EARTHQUAKE VICTIMS.	100,042.	WIRE	0.		
			SOUTH ASIA	PAKISTAN - DROUGHT RESISTANT AGRICULTURAL MODELING.	1,736,653.	WIRE	0.		
			SOUTH ASIA	PAKISTAN - PROVIDE VULNERABLE RETURNEES WITH HOUSEHOLD ITEMS AND CLOTHING TO	300,000.	WIRE	0.		
			SOUTH AMERICA	PERU - SUPPORT TO COMMUNITIES AFFECTED BY THE SEVERE RAIN AND FLOODING IN	98,655.	WIRE	0.		



Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other) -
			EAST ASIA AND THE PACIFIC	PHILIPPINES - SUPPORT TO PEACE AND RESILIENCE OF COMMUNITIES.	484,071.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	SERBIA - EMERGENCY FOOD ASSISTANCE TO REFUGEES.	548,418.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	SERBIA - PROVIDE HUMANITARIAN RELIEF TO VULNERABLE REFUGEES THROUGH	730,971.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - FOOD AND WATER FOR DROUGHT AFFECTED COMMUNITIES.	500,000.	WIRE	0.		
			SOUTH ASIA	SRI LANKA - FLOOD AND LANDSLIDES EMERGENCY RESPONSE.	50,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - PROVIDE ACCESS TO EMERGENCY FOOD, NON-FOOD ITEMS, AND HYGIENE KITS TO	1,296,770.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - PROVIDE VULNERABLE INTERNALLY DISPLACED PERSONS WITH HOUSEHOLD ITEMS	2,465,070.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA - PROVIDE VULNERABLE COMMUNITIES WITH BLANKETS AND CLOTHING	75,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - FOOD ASSISTANCE TO CONFLICT AFFECTED COMMUNITIES.	100,000.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY NUTRITION RESPONSE.	250,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - FOOD ASSISTANCE TO CONFLICT AFFECTED COMMUNITIES.	100,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE FOR CHOLERA AFFECTED POPULATIONS.	300,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE FOR CHOLERA AFFECTED POPULATIONS.	576,729.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - PROVIDE VULNERABLE FAMILIES WITH BLANKETS, MATTRESSES, AND	400,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - SUSTAINABLE LIVELIHOOD SUPPORT FOR NEEDY FAMILIES.	85,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - REDUCING POVERTY WITH GROWING RASPBERRIES.	190,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - FEED THE FASTING DURING RAMADAN IN GAZA STRIP.	200,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - SUPPORTING FAMILIES DURING EID AL-ADHA.	300,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
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			SOUTH ASIA	INDIA - RAMADAN FEEDING PROGRAM.	100,000.	CHECK	0.		
			SOUTH ASIA	INDIA - QURBANI.	150,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN - PRE-RAMADAN FOOD DISTRIBUTION.	5,014.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - GOAT FARM FOR SUSTAINABLE LIVELIHOOD.	62,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - REBUILDING LIVELIHOOD AND REDUCING FOOD INSECURITY.	739,619.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - REBUILDING LIVELIHOOD AND REDUCING FOOD INSECURITY.	352,058.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - FOOD SECURITY ENHANCEMENT IN QUALLAM DISTRICT.	382,513.	WIRE	0.		
			SUB-SAHARAN AFRICA	UGANDA - QURBANI.	24,411.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN RAMADAN 2017.	69,628.	WIRE	0.		



Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA RAMADAN 2017.	20,999.	WIRE	0.		
			SOUTH ASIA	BANGLADESH RAMADAN 2017.	55,702.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA & HERZEGOVINA RAMADAN 2017.	40,285.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD RAMADAN 2017.	30,504.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN 2017.	49,734.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	CHINA RAMADAN 2017.	15,473.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN 2017.	193,410.	WIRE	0.		
			SOUTH ASIA	INDIA RAMADAN 2017.	52,497.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA RAMADAN 2017.	20,557.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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			MIDDLE EAST AND NORTH AFRICA	IRAQ RAMADAN 2017.	82,890.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN RAMADAN 2017.	80,127.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA RAMADAN 2017.	96,152.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVA RAMADAN 2017.	25,420.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON RAMADAN 2017.	20,424.	WIRE	0.		
			SUB-SAHARAN AFRICA	LESOTHO RAMADAN 2017.	7,957.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA RAMADAN 2017.	20,888.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI RAMADAN 2017.	40,285.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI RAMADAN 2017.	63,660.	WIRE	0.		

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			EAST ASIA AND THE PACIFIC	MYANMAR RAMADAN 2017.	86,206.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER RAMADAN 2017.	30,172.	WIRE	0.		
			SOUTH ASIA	PAKISTAN RAMADAN 2017.	139,255.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	WEST BANK RAMADAN 2017.	93,951.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PHILIPPINES RAMADAN 2017.	30,172.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA RAMADAN 2017.	247,565.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA RAMADAN 2017.	13,926.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH SUDAN RAMADAN 2017.	165,780.	WIRE	0.		
			SOUTH ASIA	SRI LANKA RAMADAN 2017.	30,393.	WIRE	0.		



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			SUB-SAHARAN AFRICA	SUDAN RAMADAN 2017.	100,794.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA RAMADAN 2017.	1,054,361.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA RAMADAN 2017.	16,578.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN RAMADAN 2017.	205,567.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE RAMADAN 2017.	27,630.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - QURBANI.	105,340.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - QURBANI.	15,801.	WIRE	0.		
			SOUTH ASIA	BANGLADESH - QURBANI.	126,407.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA & HERZEGOVINA - QURBANI.	130,958.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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		SUB-SAHARAN AFRICA	CHAD - QURBANI.	210,678.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - QURBANI.	126,663.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHINA - QURBANI.	12,447.	WIRE	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI.	224,162.	WIRE	0.		
		SOUTH ASIA	INDIA - QURBANI.	105,340.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA - QURBANI.	15,801.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI.	118,314.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI.	66,364.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - QURBANI.	172,251.	WIRE	0.		

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			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVA - QURBANI.	56,630.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - QURBANI.	42,237.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - QURBANI.	129,778.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - QURBANI.	168,122.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - QURBANI.	263,348.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - QURBANI.	169,891.	WIRE	0.		
			SOUTH ASIA	PAKISTAN - QURBANI.	316,018.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - QURBANI.	254,837.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI.	39,228.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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			SUB-SAHARAN AFRICA	SOUTH SUDAN - QURBANI.	59,934.	WIRE	0.		
			SOUTH ASIA	SRI LANKA - QURBANI.	158,009.	WIRE	0.		
			SUB-SAHARAN AFRICA	SUDAN - QURBANI.	212,364.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - QURBANI.	1,580,090.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI.	377,536.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE - QURBANI.	84,946.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN - HEALTH CARE AID FOR SYRIAN REFUGEES.	3,160,068.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - INTEGRATED SUPPORT PROGRAM FOR DADAAB REFUGEE AND HOST COMMUNITY.	1,519,216.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - INTERVENTION TO SUPPORT VULNERABLE CHILDREN PHASE II.	1,960,000.	WIRE	0.		

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Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP.	685,342.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP.	133,498.	WIRE	0.		
			SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP.	683,039.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - ORPHAN SPONSORSHIP.	314,863.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - ORPHAN SPONSORSHIP.	376,289.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP.	234,111.	WIRE	0.		
			SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP.	607,266.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP.	135,304.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP.	323,136.	WIRE	0.		

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			MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP.	906,362.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP.	396,276.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP.	168,006.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP.	615,137.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP.	458,567.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP.	234,806.	WIRE	0.		
			SOUTH ASIA	PAKISTAN - ORPHAN SPONSORSHIP.	1,834,066.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP.	425,648.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP.	177,599.	WIRE	0.		



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			SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP.	141,303.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - ORPHAN SPONSORSHIP. (REFUGEES IN LEBANON)	145,802.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP.	423,015.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	WEST BANK - ORPHAN SPONSORSHIP.	1,635,620.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD - PROVISION OF CLEAN DRINKING WATER TO AID IN THE REDUCTION OF	81,750.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - URGENT WATER, SANITATION AND HYGIENE.	1,618,393.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - WATER SUPPLY FOR RURAL MALAWI SCHOOLS AND COMMUNITIES.	90,000.	WIRE	0.		
			SOUTH ASIA	NEPAL - SAFE WATER ACCESS TO AID IN THE RESTORATION/CONSTRUCTION OF DRINKING WATER,	104,714.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LIBYA - DISPOSABLES	0.		3,791,003.	DISPOSABLES	DONOR VALUATION

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)-
			MIDDLE EAST AND NORTH AFRICA	TUNISIA - HOSPITAL BEDS	0.		70,946.	HOSPITAL BEDS	DONOR VALUATION
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLES & MEDICAL MATTRESSES	0.		8,554,999.	DISPOSABLES & MEDICAL MATTRESSES	DONOR VALUATION
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - RICE	0.		992,218.	RICE	DONOR VALUATION
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - PHARMACEUTICALS	0.		17,151,026.	PHARMACEUTICALS	IMS HEALTH ,WAC , AWP
			SUB-SAHARAN AFRICA	SOMALIA - PHARMACEUTICALS	0.		8,394,694.	PHARMACEUTICALS	IMS HEALTH ,WAC , AWP
			SUB-SAHARAN AFRICA	CHAD - PHARMACEUTICALS	0.		16,789,388.	PHARMACEUTICALS	IMS HEALTH ,WAC , AWP
			SUB-SAHARAN AFRICA	NIGERIA - DISPOSABLES & NUTRITION SHAKE	0.		1,763,304.	DISPOSABLES & NUTRITION SHAKE	DONOR VALUATION
			RUSSIA AND NEIGHBORING STATES	KYRGYZSTAN - DISPOSABLES	0.		1,187,031.	DISPOSABLES	DONOR VALUATION
			SUB-SAHARAN AFRICA	SOMALIA - DISPOSABLES/ RICE	0.		3,430,000.	DISPOSABLES/ RICE	DONOR VALUATION







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ..... ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ..... ☒ Yes ☐ No

Schedule F (Form 990) 2017

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FOREIGN GRANTS MONITORING PROCEDURES:

1. PER REPORTING SCHEDULE REQUIRED BY THE GRANT AGREEMENT, PERIODIC

REPORTS WILL BE SENT BY THE STAFF CARRYING OUT THE FUNDED PROJECT

ACCORDING TO THE PROJECT DURATION.

2. REPORTS CONSIST OF PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS.

3. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED

PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS IN ACCORDANCE WITH THE

REPORTING SCHEDULE. IRUSA PROGRAM STAFF REVIEW THE SUBMITTED PROJECT

NARRATIVES AND BUDGET EXPENDITURE REPORTS TO ENSURE THAT THE GRANT FUNDS

ARE BEING USED IN ACCORDANCE WITH THE PARAMETERS OF GRANT AGREEMENT.

4. IRUSA CONDUCTS FIELD AUDITS AND MONITORING AND EVALUATION VISITS OF

SELECTED GRANTEES EACH YEAR TO ENSURE APPROPRIATE EXPENDITURES OF GRANT

FUNDING, AND TO MEASURE THE SUBSTANTIVE AND PROCEDURAL IMPACT.

5. IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROJECT NARRATIVES

AND/OR BUDGET EXPENDITURE REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY

SEEKS CLARIFICATION OF SUCH DISCREPANCY FROM THE GRANTEE. IF THE GRANTEE

FAILS TO PROVIDE AN ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN A

REASONABLE AMOUNT OF TIME, THE FINANCE DEPARTMENT MAY INVOKE IRUSA'S

CONTRACTUAL RIGHT TO CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT.

6. IF AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA  
THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE  
GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE  
FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND  
OF SUCH AMOUNT IN FULL OR IN PART TO IRUSA.

7. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS  
TO THE GRANTEE UNTIL ALL ISSUE ARE RESOLVED TO THE SATISFACTION OF BOTH  
THE PROGRAMS AND FINANCE DEPARTMENTS.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GAZA - IMPROVING THE LIVELIHOODS OF YOUTH THROUGH  
JOB TRAINING, ENTREPRENEURSHIP AND PATHWAYS PROGRAM.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: LEBANON - NO CHILD LEFT BEHIND, SCHOOL  
CONSTRUCTION TO IMPROVE ACCESS TO EDUCATIONAL OPPORTUNITIES FOR SYRIAN  
REFUGEE CHILDREN AND CHILDREN OF THE HOST COMMUNITY IN LEBANON.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOUTH AFRICA - PROVIDE QUALITY EDUCATION TO  
UNDERPRIVILEGED CHILDREN.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: UNITED KINGDOM - STRENGTHEN THE CORE FUNCTIONS OF  
MONITORING, EVALUATION, ACCOUNTABILITY, LEARNING AND TECHNICAL EXPERTISE.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(PELE)

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AFGHANISTAN - WINTERIZATION ASSISTANCE FOR

INTERNALLY DISPLACED PERSONS AND RETURNEES IN AFGHANISTAN.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - PROVIDE VULNERABLE FAMILIES IN REMOTE

AREAS WITH FIREWOOD, BLANKETS AND WINTER CLOTHING.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CARE INTERNATIONAL - LIFE SAVING ASSISTANCE FOR

ROHINGYA IN BANGLADESH

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: CHECHNYA - PROVIDE VULNERABLE HOUSEHOLDS WITH

CONSTRUCTION MATERIALS TO WITHSTAND WINTER.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INDIA - HUMANITARIAN ASSISTANCE TO THE MOST

VULNERABLE FLOOD-AFFECTED HOUSEHOLDS IN BIHAR.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - EMERGENCY RESPONSE OF FOOD SECURITY AND

NON-FOOD ITEMS TO INTERNALLY DISPLACED PERSONS AND MOST CONFLICT AFFECTED

COMMUNITIES OF MOSUL AND NORTHERN IRAQ.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - PROVIDE VULNERABLE REFUGEES AND INTERNALLY

DISPLACED PERSONS WITH HOUSEHOLD ITEMS TO WITHSTAND THE WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: JORDAN - PROVIDE VULNERABLE REFUGEES AND MEMBERS

OF THE JORDAINIAN HOST COMMUNITY WITH NON-FOOD ITEMS TO WITHSTAND THE

WINTER.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: KOSOVO - PROVIDE VULNERABLE FAMILIES WITH FOOD

ITEMS, BLANKETS, FIREWOOD AND WOODEN STOVES TO WITHSTAND THE WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: LEBANON - PROVIDE REFUGEES AND VULNERABLE FAMILIES

WITH FOOD KITS, NON-FOOD ITEMS AND HYGIENE KITS TO WITHSTAND THE WINTER.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: MACEDONIA - PROVIDE VULNERABLE FAMILIES WITH

FIREWOOD AND BLANKETS TO WITHSTAND THE WINTER.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PAKISTAN - PROVIDE VULNERABLE RETURNEES WITH

HOUSEHOLD ITEMS AND CLOTHING TO WITHSTAND THE WINTER.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: PERU - SUPPORT TO COMMUNITIES AFFECTED BY THE



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SEVERE RAIN AND FLOODING IN CHULUCANAS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: SERBIA - PROVIDE HUMANITARIAN RELIEF TO VULNERABLE

REFUGEES THROUGH MONTHLY CASH DISBURSEMENTS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - PROVIDE ACCESS TO EMERGENCY FOOD, NON-FOOD

ITEMS, AND HYGIENE KITS TO INTERNALLY DISPLACED PERSONS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - PROVIDE VULNERABLE INTERNALLY DISPLACED

PERSONS WITH HOUSEHOLD ITEMS AND CLOTHING TO WITHSTAND THE WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TUNISIA - PROVIDE VULNERABLE COMMUNITIES WITH

BLANKETS AND CLOTHING TO WITHSTAND THE WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - PROVIDE VULNERABLE FAMILIES WITH BLANKETS,

MATTRESSES, AND CLOTHING TO WITHSTAND THE WINTER.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CHAD - PROVISION OF CLEAN DRINKING WATER TO AID IN

THE REDUCTION OF WATER-RELATED MORBIDITY AND MORTALITY.

REGION: SOUTH ASIA

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: NEPAL - SAFE WATER ACCESS TO AID IN THE  
RESTORATION/CONSTRUCTION OF DRINKING WATER, SANITATION INFRASTRUCTURE AND  
HYGIENE PROMOTION IN EARTHQUAKE AFFECTED VILLAGES.

## SCHEDULE F, PART IV, QUESTION 6

THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK  
BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713, HOWEVER, THE  
ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND IS NOT  
REQUIRED TO FILE A FORM 990-T. IN ADDITION, THE ORGANIZATION HAS NOT  
ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM  
5713.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

ISLAMIC RELIEF USA

Employer identification number	95-4453134
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## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☐
- Yes

☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 DINNER - ANAHEIM, CA (event type)	(b) Event #2 DINNER - ARLINGTON, VA (event type)	(c) Other events 111 (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	200,082.	177,230.	3,857,066.	4,234,378.
2 Less: Contributions	139,163.	155,813.	3,581,603.	3,876,579.
3 Gross income (line 1 minus line 2)	60,919.	21,417.	275,463.	357,799.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	90,541.	60,253.	657,099.	807,893.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	49,115.	20,405.	936,800.	1,006,320.
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,814,213.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,456,414.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV** Supplemental Information *(continued)*



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public.  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes ☒ No ☐

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAR AL HIJRAH 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	150,000.	0.			ZAKAT PARTNERSHIP: PROVIDE LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH COMMUNITY ENGAGEMENT:
AMERICAS ISLAMIC HERITAGE MUSEUM 2315 MARTIN LUTHER KING JR. AVE SE WASHINGTON, DC 20020	52-2066863	501(C)(3)	74,387.	0.			SERVING THE UNDERSERVED COMMUNITY BY PROVIDING AFTER SCHOOL SNACKS, REFUGEE RESETTLEMENT:
ISLAMIC SOCIAL SERVICES OF OREGON STATE - PO BOX 5996 - ALOHA, OR 97006	38-3655438	501(C)(3)	74,800.	0.			ASSIST REFUGEES IN SUCCESSFUL REINTEGRATION IN THE COMMUNITY AND IN THE TOGETHER PROJECT:
INTERACTION: THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION - 1400 16TH STREET, NW - WASHINGTON, DC 20036	13-3287064	501(C)(3)	56,069.	0.			WORKING TOGETHER TO PRESERVE SPACE FOR CIVIL SOCIETY
D&R SPORTS FOUNDATION 2041 BASIE DR MARRERO, LA 70072	11-3656636	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED
AL-MAUN (NEIGHBORLY NEEDS) 7111 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	14,400.	0.			USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61.

**3** Enter total number of other organizations listed in the line 1 table

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) (2017)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKESTER, MI 48141	20-1946065	501(C)(3)	60,739.	0.			USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED
AL-MAA'JUN 1729 LYNDALE AVENUE N MINNEAPOLIS, MN 55411 QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC. - PO DRAWER 1290 3210 DR. MARTIN LUTHER KING BLVD - FORT MYERS, FL 33902	27-1893708	501(C)(3)	45,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED
MID-ATLANTIC GLEANING NETWORK 6833 HILL PARK DR LORTON, VA 22079	54-1662315	501(C)(3)	35,000.	0.			CHELTENHAM FOOD SECURITY DEPOT: CREATE A FOOD SECURITY DEPOT.
MARIAM CLINIC 4441-106 SIX FORKS ROAD RALEIGH, NC 27609	20-3011248	501(C)(3)	24,920.	0.			MARIAM CLINIC CAPACITY EXPANSION: EXPAND THE CLINIC'S CAPACITY TO PROVIDE SERVICES.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD STREET CHICAGO, IL 60629	36-4167433	501(C)(3)	1,701,265.	0.			IMAN YOUTH AND FAMILY HEALTH CENTER: PROVIDE HIGH-QUALITY, HOLISTIC AFFORDABLE AND DIGNIFIED REFUGEE RESETTLEMENT
FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP - 795 CENTER ST - HERNDON, VA 20170	54-1961618	501(C)(3)	93,500.	0.			PROJECT: ASSIST AND GUIDE REFUGEE FAMILIES TOWARDS SELF-SUFFICIENCY IN ORDER REHOUSING YOUTH FOR SUCCESS IN EDUCATION: ASSIST LOW INCOME STUDENTS WITH FINDING
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE ROANOKE, VA 24016	54-0535302	501(C)(3)	105,000.	0.			HOWARD UNIVERSITY FREEDOM SCHOOL: ESTABLISH A PROGRAM FOR LEADERSHIP DEVELOPMENT. UNIVERSITY
HOWARD UNIVERSITY 2400 6TH ST. NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	34,835.	0.			

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR GLOBAL ENGAGEMENT PO BOX 12205 ARLINGTON, VA 22219	23-3042456	501(C)(3)	9,999.	0.			CENTER FOR WOMEN, FAITH & LEADERSHIP PROGRAM.
CAMP NEJEDA FOUNDATION PO BOX 156 910 SADDLEBACK ROAD STILLWATER, NJ 07875	22-0019138	501(C)(3)	28,500.	0.			CAMP NEJEDA: HELPING KIDS WITH TYPE 1 DIABETES LIVE HAPPIER, HEALTHIER LIVES.
ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA - 101 W. 22ND STREET SUITE 104 - LOMBARD, IL 60148	36-4166125	501(C)(3)	65,180.	0.			HOLISTIC HEART PROGRAM: REDUCING OUT-OF-HOSPITAL CARDIAC MORTALITIES WHILE HARMONIZING RELATIONS
ISLAMIC AMERICAN ZAKAT FOUNDATION 4323 ROSEDALE AVE BETHESDA, MD 20814	52-1492341	501(C)(3)	40,000.	0.			AID TO THE POOR AND NEEDY: PROVIDE ASSISTANCE WITH RENT, UTILITIES, FUEL, MEDICAL EXPENSES,
THE REFUGEE WOMEN'S NETWORK, INC. 1431-A MCLENDON DRIVE DECATUR, GA 30033	58-2369796	501(C)(3)	80,000.	0.			INCREASE THE NUMBER OF EDUCATIONAL AND TRAINING WORKSHOPS AND EXPAND LEADERSHIP TRAINING TO
ARAB AMERICAN ASSOCIATION NEW YORK 7111 5TH AVENUE BROOKLYN, NY 11220	11-3604756	501(C)(3)	20,000.	0.			CONNECTIONS FOR CARE: EXTENDING MENTAL HEALTH SERVICES TO COMMUNITIES EXPERIENCING ANXIETY,
ARAB AMERICAN COMMUNITY CENTER OF FLORIDA INC - 4300 LB MCLEOD RD. SUITE B - ORLANDO, FL 32811	20-4998635	501(C)(3)	110,000.	0.			CONDUCT EDUCATIONAL SEMINARS AND WORKSHOPS BY SPECIALIZED PROFESSIONALS REGARDING DOMESTIC
MASJID AN NUR 1729 LYNDALE AVENUE N MINNEAPOLIS, MN 55411	41-1447904	501(C)(3)	100,000.	0.			ZAKAT PARTNERSHIP: PROVIDE IMMEDIATE ASSISTANCE FOR INDIVIDUALS AND FAMILIES
MY GOOD DEED 5151 CALIFORNIA AVENUE SUITE 100 IRVINE, CA 92617	45-0491886	501(C)(3)	25,000.	0.			9/11 DAY MEAL PACK FOR NEW YORK CITY HUNGER RELIEF: A DAY OF SERVICE AND TRIBUTE.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE OUR STRENGTH INC. 1030 15TH STREET NW SUITE 1100W WASHINGTON, DC 20005	52-1367538	501(C)(3)	100,000.	0.			NO KID HUNGRY VIRGINIA-SOUTHWEST: HELP TRANSITION PUBLIC SCHOOLS TO AN ALTERNATIVE TRANSFORMED - CASE MANAGEMENT FOR SINGLE MOTHERS ARRIVED AS REFUGEES: PROVIDE A REFUGEE RESETTLEMENT CASE MANAGEMENT: PROVIDE FINANCIAL SUPPORT AND CASE MANAGEMENT FOR NEWLY
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY SUITE 1560 HOUSTON, TX 77074	26-3047598	501(C)(3)	99,000.	0.			SABIL USA FOOD DISTRIBUTION PROGRAM: FOOD DISTRIBUTION PROGRAM IN FOUNTAIN VALLEY MEDICAL CASE MANAGEMENT HEALTH LITERACY PROGRAM: BOLSTER SELF-SUFFICIENCY, INCREASE HEALTHY EXPANDING SHARE KENTUCKY'S EMPLOYMENT SERVICES: ASSIST ECONOMICALLY HELP FOR HUMANITY: ADDRESS THE IMMEDIATE PLIGHT OF HOMELESS AND INDIGENT COMMUNITIES IN EMERGENCY FINANCIAL ASSISTANCE PROGRAM/ZAKAT PROGRAM: MEET THE IMMEDIATE BASIC NEEDS OF ZAKAT DISTRIBUTION: ASSIST NEWLY ARRIVED REFUGEE FAMILIES IN BECOMING SELF-SUFFICIENT.
MUSLIM SOCIAL SERVICE AGENCY P.O. BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	69,000.	0.			
SABIL USA PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	40,000.	0.			
YMCA INTERNATIONAL SERVICES 6300 WESTPARK DRIVE, STE 600 HOUSTON, TX 77057	74-1109737	501(C)(3)	75,000.	0.			
SHARE KENTUCKY 572 GEORGETOWN ST LEXINGTON, KY 40508	26-4451642	501(C)(3)	47,752.	0.			
NASRUL LLM AMERICA 252 MONROE ST BROOKLYN, NY 11216	26-3064526	501(C)(3)	38,333.	0.			
ACCESS CALIFORNIA SERVICES 631 S. BROOKHURST STREET, STE 107 ANAHEIM, CA 92804	33-0826205	501(C)(3)	99,000.	0.			
SOMALI COMMUNITY RESETTLEMENT SERVICES OF OLMSTED COUNTY - 1312 1/2 7TH ST NW, STE 206 - ROCHESTER, MN 55901	31-1668255	501(C)(3)	86,300.	0.			

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE STE 205-B SAN DIEGO, CA 92105	91-2065038	501(C)(3)	59,900.	0.			CAPACITY BUILDING : TO EXPAND THE EXISTING SFS GARGAAR PROJECT INITIATIVE, WHICH IS PROJECT REFUGEE EXPANDED SERVICES TEAM: ASSIST ROCHESTER AREA REFUGEES IN NEED WHO ARE
BARAKAH MUSLIM CHARITY 584 JEFFERSON AVE ROCHESTER, NY 14611	46-4478039	501(C)(3)	25,000.	0.			SERVE 350 CLIENTS WITH CASE MANAGEMENT AND OTHER SERVICES IN AREAS OF IMMIGRATION, PUBLIC
ARAB AMERICAN FAMILY SERVICES 9044 S. OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501(C)(3)	80,000.	0.			YOUTH V.I.B.E FOOD SECURITY OUTREACH
YOUTH VISION INDUSTRY BUSINESS EMPOWERMENT, INC. - 1827 COLUMBIA DR. - DECATUR, GA 30032	58-2384492	501(C)(3)	33,200.	0.			PROJECT: ASSIST SENIOR CITIZENS WITH HEALTHY AND
NEW STAR FAMILY CENTER 14221 HAWTHORNE BLVD HAWTHORNE, CA 90250	73-1729090	501(C)(3)	10,000.	0.			ANTI BULLY: TO ENHANCE THE LIFE SKILLS AND MORAL DEVELOPMENT OCCURRING IN THE SCHOOL CURRICULUM BY MENTOR DEVELOPMENT
YOUTH FOUNDATION FOR NETWORKING & FELLOWSHIP - 6506 LOISDALE RD, STE LL10 - SPRINGFIELD, VA 22150	27-1283892	501(C)(3)	40,000.	0.			PROGRAM: DEVELOP A DIVERSE YOUTH LEADERSHIP MENTORING PROGRAM.
MUSLIM AMERICAN SOCIETY OF BROOKLYN AND STATEN ISLAND - 1933 BATH AVE - BROOKLYN, NY 11214	45-4661688	501(C)(3)	107,250.	0.			FOOD PANTRY: CONTINUING FOOD PANTRY SERVICE IN STATEN ISLAND, AND CREATING A NEW PANTRY
MAS QUEENS 35-13 23RD AVE QUEENS, NY 11105	11-3505402	501(C)(3)	49,400.	0.			TO EXPAND THE MAS-QUEENS' FOOD PANTRY TO PROVIDE PREPACKAGED BAGS OF RAW MEAT AND NONPERISHABLES
PROJECT DIGNITY OUTREACH 24626 FORD ROAD DEARBORN HEIGHTS, MI 48127	46-3903868	501(C)(3)	10,000.	0.			TO PROVIDE FRESH FOOD TO 500 HUNGRY HOMELESS IN DETROIT ON A WEEKLY BASIS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PARTNERSHIP FOR NEW AMERICANS - 1818 S PAULINA ST - CHICAGO, IL 60608	45-3419142	501(C)(3)	25,000.	0.			WE ARE ALL AMERICA: BUILDING AN EFFECTIVE INFRASTRUCTURE THAT MOBILIZES FAITH, PEACE IN THE HOME DOMESTIC VIOLENCE PROGRAM; PROVIDES COMPREHENSIVE FAMILY ESL & WORKFORCE DEVELOPMENT; DESIGNED TO SUPPORT ADULT REFUGEES RESIDING IN THE STATE OF
TEXAS MUSLIM WOMEN'S FOUNDATION PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	30,000.	0.			SUPPORT FOR MEANS DATABASE BUILDING CAPACITY FOR ISLAMIC HOUSES OF WORSHIP AND FOOD ASSISTANCE PROGRAM - PROVIDE FOOD PANTRY SERVICE TO FAMILIES WHO ARE BARELY GETTING FOOD
REFUGEE DREAM CENTER 340 LOCKWOOD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	40,000.	0.			RECORDING STUDIO FOR ONLINE TRAINING: ESTABLISH A RECORDING STUDIO TO TRAIN AND DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MEANS DATABASE 955 26TH ST NW #201 WASHINGTON, DC 20037	47-4262060	501(C)(3)	50,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM AMERICAN SOCIETY OF SAN DIEGO - 7710 BALBOA AVE SUITE C SAN DIEGO - SAN DIEGO, CA 92111	34-4465056	501(C)(3)	40,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
INSTITUTE FOR YOUTH DEVELOPMENT AND EXCELLENCE - 2232 STRATFORD AVE - CINCINNATI, OH 45219	26-0752052	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE - 414 SWAN STREET - BUFFALO, NY 14204	81-3206062	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM FAMILY SERVICE OF COLORADO P.O. BOX 201645 DENVER, CO 80220	56-2402910	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COUNCIL ON AMERICAN ISLAMIC RELATIONS FLORIDA - 8076 N. 56TH ST - TAMPA, FL 33617	65-1110616	501(C)(3)	19,810.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AL AQABAH ISLAMIC COMMUNITY CENTER 12672 MCDOUGALL ST DETROIT, MI 48212	27-1683825	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AMANA FOUNDATION 101 MOUNTAIN LAUREL LN MALVERN, PA 19355	52-2226372	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
DALLAS MASJID AL ISLAM 2604 S. HARWOOD ST DALLAS, TX 75215	75-2941409	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM COMMUNITY RESOURCE CENTER 17550 NE 67TH CT REDMOND, WA 98052	20-4423661	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
SHARE ATLANTA 573 WEST END PLACE ATLANTA, GA 30310	26-2389234	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM AMERICANS FOR PARITY AND PROSPERITY, INC. - 513 THIRD AVENUE SOUTH - NASHVILLE, TN 37210	82-1314801	501(C)(3)	50,000.	0.			SUPPORTING AN ADVOCACY CAMPAIGN FOR PROTECTING CIVIL SOCIETY SPACE.

Schedule I (Form 990)





**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PURCHASE OF CLOTHINGS AND HYGIENE ITEMS FOR SHELTER RESIDENTS AFFECTED BY CA FLOODING	30	0.	366.	INVOICE	CLOTHING AND HYGIENE ITEMS
PURCHASE OF HYGIENE AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	15139	0.	151,845.	INVOICE	HYGIENE KITS, SCHOOLS KITS
PURCHASE OF FOOD AND HYGIENE ITEMS FOR UNDER SERVED POPULATIONS	1000	0.	6,382.	INVOICE	FOOD AND HYGIENE ITEMS
PURCHASE OF GLOVES, FACE MASKS AND SAFETY GLASSES FOR VOLUNTEERS TO ASSIST IN BUILDING HOUSES IN NORTH CAROLINA	73	0.	909.	INVOICE	SAFETY SUPPLIES
RENTAL ASSISTANCE TO US BASED REFUGEE POPULATIONS	226	0.	146,949.	INVOICE	RENTAL ASSISTANCE
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

**PART I, LINE 2:**

## PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

1. IRUSA ALSO ONLY ACCEPTS GRANT APPLICATIONS FROM U.S. NON-PROFIT

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

- RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE

(IRS);

- CURRENT STATE REGISTRATIONS.

2. IRUSA CONDUCTS APPROPRIATE SANCTIONS SCREENINGS AS A REQUIREMENT FOR THE

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PURCHASE OF SMALL EQUIPMENT TO ASSIST IN RELIEF EFFORTS IN PUERTO RICO	50.	0.	1,066.	INVOICE	SMALL EQUIPMENT
PURCHASES OF MEAT FOR QURBANI	65,539.	0.	409,522.	INVOICE	FOOD
RAMADAN FOOD PACKAGES	14,298.	0.	224,446.	INVOICE	FOOD
PURCHASES OF TURKEYS FOR THANKSGIVING DISTRIBUTION	3,000.	0.	70,277.	INVOICE	FOOD

Schedule I (Form 990)

**Part IV** Supplemental Information

RELEASE OF GRANT FUNDS.

3. ALL DOMESTIC GRANTS ARE ADMINISTERED BY THE IRUSA PROGRAMS DEPARTMENT

WHICH ENSURES THAT DOMESTIC GRANTS COMPLY WITH IRUSA'S POLICIES AND

PROCEDURES.

4. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED

PROGRAM AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE.

GRANTEE USES IRUSA'S DOMESTIC GRANT REPORT FORM TO SUBMIT THEIR REPORTS.

THE PROGRAMS DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM

THAT THEY CONTAIN THE NECESSARY INFORMATION.

5. THE PROGRAMS DEPARTMENT, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT,

CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT

FUNDS WERE USED SOLELY FOR THE PURPOSES DESCRIBED IN THE GRANTEE'S GRANT

APPLICATION.

6. IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROGRAM AND/OR

FINANCIAL REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION

OF SUCH DISCREPANCY FROM THE GRANTEE. IF THE GRANTEE FAILS TO PROVIDE AN

ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY (30) DAYS, THE

FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A

COMPREHENSIVE AUDIT OF THE GRANT.

7. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO

THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.

8. IF, AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT

**Part IV Supplemental Information**

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA  
THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE  
GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE  
FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND FOR REIMBURSEMENT TO THE  
GRANTEE FOR A REFUND OF SUCH AMOUNT IN FULL TO IRUSA.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DAR AL HIJRAH

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNERSHIP: PROVIDE LIMITED  
FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS.  
TO PROVIDE RENTAL ASSISTANCE AND SEWING PROGRAM TO NEEDY FAMILIES IN THE  
COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAS ISLAMIC HERITAGE MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY ENGAGEMENT: SERVING THE  
UNDERSERVED COMMUNITY BY PROVIDING AFTER SCHOOL SNACKS, MENTORING, HEALTH  
CHECK UPS AND HOT MEALS. DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL  
CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO HOMELESS  
AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

ISLAMIC SOCIAL SERVICES OF OREGON STATE

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE RESETTLEMENT: ASSIST  
REFUGEES IN SUCCESSFUL REINTEGRATION IN THE COMMUNITY AND IN LEADING THEM  
TO SELF-SUFFICIENCY. DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE,  
HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO HOMELESS AND  
UNDERSERVED POPULATIONS.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: D&R SPORTS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION.

NAME OF ORGANIZATION OR GOVERNMENT: AL-MAUN (NEIGHBORLY NEEDS)

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION. DAY OF DIGNITY:

PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND

OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ZAMAN INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION. BAYT AL-ZAHRA CRISIS

ASSISTANCE FOOD PANTRY PROGRAM: MONTHLY PROVISION OF FOOD AND HOUSEHOLD

ITEMS FOR IMPOVERISHED INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: AL-MAA'UUN

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION. DAY OF DIGNITY:

PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND

OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TEEN CRIME PREVENTION PROGRAM: HELP

AT-RISK YOUTH BUILD ON THEIR STRENGTHS THROUGH ACADEMIC ENRICHMENT, ART  
CLASSES, AND SPECIAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: INNER-CITY MUSLIM ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: IMAN YOUTH AND FAMILY HEALTH CENTER:

PROVIDE HIGH-QUALITY, HOLISTIC AFFORDABLE AND DIGNIFIED HEALTHCARE TO  
MARGINALIZED AND AT-RISK POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE RESETTLEMENT PROJECT: ASSIST

AND GUIDE REFUGEE FAMILIES TOWARDS SELF-SUFFICIENCY IN ORDER TO  
SUCCESSFULLY TRANSITION TO THE U.S. THROUGH PREVENTION OF HOMELESSNESS AS  
WELL AS TRAINING AND CERTIFICATION.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF ROANOKE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: REHOUSING YOUTH FOR SUCCESS IN

EDUCATION: ASSIST LOW INCOME STUDENTS WITH FINDING SAFE AND SECURE  
HOUSING AND OTHER LIFE-STABILIZING SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HOWARD UNIVERSITY FREEDOM SCHOOL:

ESTABLISH A PROGRAM FOR LEADERSHIP DEVELOPMENT. UNIVERSITY STUDENT  
SERVICE PROJECTS SERVING POOR COMMUNITIES IN FLINT, MI.

NAME OF ORGANIZATION OR GOVERNMENT:

ISLAMIC MEDICAL ASSOCIATION OF NORTH AMERICA

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLISTIC HEART PROGRAM: REDUCING  
OUT-OF-HOSPITAL CARDIAC MORTALITIES WHILE HARMONIZING RELATIONS BETWEEN  
MUSLIMS AND THEIR NEIGHBORS.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC AMERICAN ZAKAT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AID TO THE POOR AND NEEDY: PROVIDE  
ASSISTANCE WITH RENT, UTILITIES, FUEL, MEDICAL EXPENSES, FOOD AND OTHER  
SERVICES IN ORDER TO BECOME SELF-SUFFICIENT.

NAME OF ORGANIZATION OR GOVERNMENT: THE REFUGEE WOMEN'S NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE NUMBER OF EDUCATIONAL  
AND TRAINING WORKSHOPS AND EXPAND LEADERSHIP TRAINING TO HELP REFUGEE AND  
IMMIGRANT WOMEN ACHIEVE GREATER INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN ASSOCIATION NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECTIONS FOR CARE: EXTENDING  
MENTAL HEALTH SERVICES TO COMMUNITIES EXPERIENCING ANXIETY, FEAR, OR  
SHAME FOLLOWING TRAUMATIC EXPERIENCES OF WAR, THREAT OF DEPORTATION AND  
UNWARRANTED SURVEILLANCE, AND DISCRIMINATION.

NAME OF ORGANIZATION OR GOVERNMENT:

ARAB AMERICAN COMMUNITY CENTER OF FLORIDA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT EDUCATIONAL SEMINARS AND  
WORKSHOPS BY SPECIALIZED PROFESSIONALS REGARDING DOMESTIC VIOLENCE AND  
PROVIDE EMERGENCY FUNDING TO AFFECTED LOCAL RESIDENTS. DAY OF DIGNITY:  
PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND  
OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS. ZAKAT  
DISTRIBUTION THROUGH CASE MANAGEMENT: HELP INDIVIDUALS AND FAMILIES

**Part IV** Supplemental Information

MAINTAIN THEIR HOMES, TRANSITIONAL HOUSING PROGRAMS AND EMERGENCY  
FINANCIAL ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: MASJID AN NUR

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNERSHIP: PROVIDE IMMEDIATE  
ASSISTANCE FOR INDIVIDUALS AND FAMILIES WITH EMERGENCY NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE OUR STRENGTH INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: NO KID HUNGRY VIRGINIA-SOUTHWEST:  
HELP TRANSITION PUBLIC SCHOOLS TO AN ALTERNATIVE BREAKFAST MODEL AND  
IMPROVE THE EXISTING PROGRAM TO INCREASE PARTICIPATION.

NAME OF ORGANIZATION OR GOVERNMENT: AMAANAH REFUGEE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORMED - CASE MANAGEMENT FOR  
SINGLE MOTHERS ARRIVED AS REFUGEES: PROVIDE A WELL-DEFINED  
SELF-SUFFICIENCY PLAN, A TEMPORARY SUPPORT NETWORK, AND A CONNECTOIN TO  
COMMUNITY SERVICES IN ORDER TO PROMOTE INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICE AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE RESETTLEMENT CASE  
MANAGEMENT: PROVIDE FINANCIAL SUPPORT AND CASE MANAGEMENT FOR NEWLY  
ARRIVED REFUGEE FAMILIES. DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL  
CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO HOMELESS  
AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SABIL USA

(H) PURPOSE OF GRANT OR ASSISTANCE: SABIL USA FOOD DISTRIBUTION PROGRAM:  
FOOD DISTRIBUTION PROGRAM IN FOUNTAIN VALLEY SERVING FAMILIES.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YMCA INTERNATIONAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL CASE MANAGEMENT HEALTH

LITERACY PROGRAM: BOLSTER SELF-SUFFICIENCY, INCREASE HEALTHY OUTCOMES,  
AND NARROW THE GAP IN SEEKING MEDICAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING SHARE KENTUCKY'S

EMPLOYMENT SERVICES: ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS,  
INCLUDING EX-OFFENDERS, TO BECOME MORE SELF-SUFFICIENT. DAY OF DIGNITY:  
PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND  
OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: NASRUL LLM AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP FOR HUMANITY: ADDRESS THE  
IMMEDIATE PLIGHT OF HOMELESS AND INDIGENT COMMUNITIES IN DETROIT,  
ATLANTA, AND NEW YORK BY PROVIDING RESOURCES TO AID THEIR SURVIVAL.

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS CALIFORNIA SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE  
PROGRAM/ZAKAT PROGRAM: MEET THE IMMEDIATE BASIC NEEDS OF FAMILIES AND  
INDIVIDUALS, ASSIST WITH SELF-SUFFICIENCY, AND PROMOTE WORK AND PERSONAL  
RESPONSIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

SOMALI COMMUNITY RESETTLEMENT SERVICES OF OLMSTED COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT DISTRIBUTION: ASSIST NEWLY  
ARRIVED REFUGEE FAMILIES IN BECOMING SELF-SUFFICIENT. CAPACITY BUILDING:

**Part IV** Supplemental Information

ASSIST IN SOMALI REFUGEE ASSIMILATION BY AIRING SOMALI PROGRAMMING ON  
PUBLIC TELEVISION, AND ENHANCE THE CAPACITY OF STAFF HELPING THE  
REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: SOMALI FAMILY SERVICE OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING : TO EXPAND THE  
EXISTING SFS GARGAAR PROJECT INITIATIVE, WHICH IS DESIGNED TO IMPROVE THE  
BEHAVIORAL HEALTH AND WELLBEING OF SAN DIEGO EAST AFRICAN REFUGEES AND  
OTHER LOW-INCOME RESIDENTS IN THE COMMUNITY THROUGH EDUCATIONAL  
WORKSHOPS, FIELD TRIPS FOR SENIORS, AND CULTURAL COMPETENCY TRAININGS FOR  
LOCAL PROVIDERS. DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE,  
HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO HOMELESS AND  
UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: BARAKAH MUSLIM CHARITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT REFUGEE EXPANDED SERVICES  
TEAM: ASSIST ROCHESTER AREA REFUGEES IN NEED WHO ARE EXPERIENCING GAPS IN  
ASSISTANCE FROM OTHER RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVE 350 CLIENTS WITH CASE  
MANAGEMENT AND OTHER SERVICES IN AREAS OF IMMIGRATION, PUBLIC BENEFITS,  
CONGREGATE MEALS FOR SENIORS, DOMESTIC VIOLENCE, AND SEXUAL ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT:

YOUTH VISION INDUSTRY BUSINESS EMPOWERMENT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH V.I.B.E FOOD SECURITY OUTREACH  
PROJECT: ASSIST SENIOR CITIZENS WITH HEALTHY AND ACCESSIBLE HALAL FOOD

**Part IV** Supplemental Information

SERVICES WITHIN THE METRO ATLANTA COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: NEW STAR FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANTI BULLY: TO ENHANCE THE LIFE

SKILLS AND MORAL DEVELOPMENT OCCURRING IN THE SCHOOL CURRICULUM BY GOING

BEYOND THE SIMPLE DEFINITION OF WHAT IS RIGHT OR WRONG, AND DELVING INTO

THE REASONS WHY PEOPLE ARE UNKIND TO ONE ANOTHER, AS WELL AS THE LASTING

EFFECTS CAUSED BY VIOLENCE AND/ OR HURTFUL WORDS

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM AMERICAN SOCIETY OF BROOKLYN AND STATEN ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PANTRY: CONTINUING FOOD PANTRY

SERVICE IN STATEN ISLAND, AND CREATING A NEW PANTRY SERVICE IN BROOKLYN

FOR FAMILIES IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: MAS QUEENS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE MAS-QUEENS' FOOD

PANTRY TO PROVIDE PREPACKAGED BAGS OF RAW MEAT AND NONPERISHABLES TO

FAMILIES IN NEED IN QUEEENS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PARTNERSHIP FOR NEW AMERICANS

(H) PURPOSE OF GRANT OR ASSISTANCE: WE ARE ALL AMERICA: BUILDING AN

EFFECTIVE INFRASTRUCTURE THAT MOBILIZES FAITH, IMMIGRANT, REFUGEE,

RESETTLEMENT, AND GENERAL POPULATION SUPPORT FOR REFUGEES, ASYLUM

SEEKERS, AND MUSLIM MINORITIES IN THE US.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS MUSLIM WOMEN'S FOUNDATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PEACE IN THE HOME DOMESTIC VIOLENCE

PROGRAM: PROVIDES COMPREHENSIVE FAMILY VIOLENCE RELIEF AND TRAUMA

INFORMED, CULTURALLY SPECIFIC SERVICES TO AN UNDERSERVED POPULATION IN

ADDITION TO EXTENSIVE PREVENTION SERVICES CONSISTING OF EDUCATION AND

AWARENESS CAMPAIGN WITHIN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: REFUGEE DREAM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ESL & WORKFORCE DEVELOPMENT:

DESIGNED TO SUPPORT ADULT REFUGEES RESIDING IN THE STATE OF RHODE ISLAND

TO ATTAIN SELF-SUFFICIENCY AND EMPLOYMENT PROSPECTS THROUGH LEARNING

FUNCTIONAL ENGLISH LANGUAGE AND BASIC COMPUTER SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT: MEANS DATABASE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MEANS DATABASE BUILDING

CAPACITY FOR ISLAMIC HOUSES OF WORSHIP AND BEYOND DC FOR FOOD RECOVERY

AND DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM AMERICAN SOCIETY OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD ASSISTANCE PROGRAM - PROVIDE

FOOD PANTRY SERVICE TO FAMILIES WHO ARE BARELY GETTING FOOD AND

TOILETRIES ITEMS THAT THEY NEED TO SUSTAIN THEIR HOMES FOR A SHORT

PERIOD. FAMILY ASSISTANCE PROGRAM -TO PROVIDE LIMITED FINANCIAL

ASSISTANCE TO FAMILIES IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR YOUTH DEVELOPMENT AND EXCELLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: RECORDING STUDIO FOR ONLINE

TRAINING: ESTABLISH A RECORDING STUDIO TO TRAIN AND SUPPORT MENTORS AND



**Part IV** Supplemental Information

LOCAL TRAINERS FOR COMMUNITIES ACROSS THE U.S. TO EFFECTIVELY ENGAGE,  
NURTURE AND SUPPORT THE YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AL INSHIRAH ISLAMIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM FAMILY SERVICE OF COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COUNCIL ON AMERICAN ISLAMIC RELATIONS FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS. DAY OF DIGNITY: PROVISION OF  
FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER  
NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AL AQABAH ISLAMIC COMMUNITY CENTER

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AMANA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: DALLAS MASJID AL ISLAM

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM COMMUNITY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,

**Part IV** Supplemental Information

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

PART III, COLUMN (B) NUMBER OF RECIPIENTS:

FOR DOMESTIC OTHER ASSISTANCE TO INDIVIDUALS, BENEFICIARY NUMBERS ARE  
DETERMINED FROM PROJECT REPORTS AND IRUSA'S PROGRAM STAFF BEST  
ESTIMATES. ESTIMATES INCLUDE THE NUMBER OF FOOD PACKAGES OR OTHER  
ASSISTANCE - MULTIPLIED BY A FIXED AVERAGE OF PERSONS PER FAMILY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017





Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE PAID AS A PERCENTAGE OF SALARY BASED ON AN ANNUAL PERFORMANCE

EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD APPROVAL.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	84	795,574.	MARKET PRICE AT DONATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	4,299,610.	DONOR VALUATION
20 Drugs and medical supplies	X	13	66,556,748.	DONOR VAL, IMS, WAC, AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) IS A 501(C)(3)

CHARITABLE ORGANIZATION THAT ACCEPTS VEHICLE DONATIONS TO SUPPORT ITS

CHARITABLE PURPOSE AND HELPS OTHER NON-PROFITS WITH THEIR VEHICLE

DONATION PROGRAM. THE DONOR SPECIFIES TO CARS TO WHICH CHARITY THE

SHARED NET PROCEEDS OF THE VEHICLE SALE SHOULD GO. ONCE THE VEHICLE IS

AUCTIONED, THE PROCEEDS ARE SENT TO THE PRESELECTED CHARITY. AT NO TIME

DOES IRUSA HAVE POSSESSION OR CONTROL OF THE VEHICLE.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RACE, OR RELIGION, AND WORKS TO EMPOWER INDIVIDUALS IN THEIR

COMMUNITIES AND GIVE THEM A VOICE IN THE WORLD.

FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS:

ISLAMIC RELIEF USA (IRUSA) ENJOYED THE SERVICE OF AN ESTIMATED 1506

VOLUNTEERS ACROSS THE COUNTRY DURING 2017.

IRUSA OFFERS VOLUNTEER OPPORTUNITIES INCLUDING ORGANIZING EVENTS,

ASSISTING IN FOOD PACKAGE ASSEMBLY, PROVIDING ADMINISTRATIVE SUPPORT IN

AN OFFICE ENVIRONMENT, AND VARIOUS OTHER PROGRAMS THAT AID COMMUNITIES

IN NEED. THE DISASTER RESPONSE TEAM (DRT) IS A DEDICATED GROUP OF IRUSA

VOLUNTEERS WHO UNDERGO TRAINING IN DISASTER SERVICES TO HELP U.S.

COMMUNITIES DURING OR AFTER DISASTERS SUCH AS TORNADOES AND FLOODS,

MANY TIMES WORKING IN PARTNERSHIP WITH THE AMERICAN RED CROSS. WE

CONTINUE TO SUPPORT COMMUNITIES AROUND THE COUNTRY THROUGH OUR

MEMBERSHIP IN THE NATIONAL VOAD (VOLUNTARY ORGANIZATIONS ACTIVE IN

DISASTER).

OUR ANNUAL RAMADAN FOOD BOX ASSEMBLY PROGRAM ENGAGES VOLUNTEERS ALL

OVER THE COUNTRY THROUGH PACKING EVENTS THAT ALLOW VOLUNTEERS TO ATTEND

AND ASSIST US IN THE ASSEMBLY OF 5000+ FOOD BOXES WHICH PROVIDE

ASSISTANCE TO FAMILIES IN NEED AROUND THE COUNTRY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

- EMERGENCY RESPONSE FOR CHOLERA AFFECTED POPULATIONS IN SANA'A

GOVERNORATE WHICH IS PROVIDING RESPONSE TO AWD/CHOLERA OUTBREAK IN

YEMEN THROUGH CASE MANAGEMENT OF CONFIRMED CASES, AS WELL AS EFFORTS TO

PREVENT FURTHER OUTBREAK.

- INTEGRATED SUPPORT PROGRAM FOR DADAAB REFUGEE AND HOST COMMUNITY

WHICH ENSURES IMPROVED ACCESS TO BASIC NEEDS THROUGH THE PROVISION OF

PRIMARY HEALTH CARE, CLEAN WATER AND IMPROVED HYGIENE AND SANITATION

STANDARDS THROUGH PROVIDING WATER STORAGE FACILITIES, THE PROVISION OF

SANITARY TOWELS, THE REHABILITATION OF BOREHOLES AND WATER PIPELINES,

PROVIDING CONSULTATIONS AND MORE.

IN 2017 IRUSA ALSO CONTRIBUTED WITH OVER 70 MILLION DOLLARS IN IN-KIND

DONATIONS. IRUSA CONTRIBUTED OR DELIVERED PHARMACEUTICALS, DISPOSABLES,

MEDICAL SUPPLIES, MEDICAL BEDS, MATTRESSES MEDICAL EQUIPMENT AND RICE

TO 12 COUNTIES, CHAD, TURKEY, TUNISIA, MOZAMBIQUE, MADAGASCAR, MALAWI,

ZIMBABWE, LIBYA, SOMALIA, KYRGYZSTAN, NIGERIA AND SRI LANKA

- IRUSA SUPPORTED SYRIAN REFUGEES AND VULNERABLE IDP'S WITH PRIMARY,

SECONDARY AND TERTIARY HEALTHCARE

- IN 2017, IRUSA WORKED WITH ADRA INTERNATIONAL TO SUPPORT A SCHOOL

FEEDING PROGRAMS IN FOUR COUNTRIES IN SOUTHERN AFRICA BY DONATING 40

CONTAINERS OF RICE TO ENSURE FOOD SECURITY AND REDUCE THE VULNERABILITY

OF THE PEOPLE AFFECTED BY THE DROUGHT.

ESTIMATED BENEFICIARIES 5,169,663

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HUMANITARIAN NEEDS OF SEVERELY AFFECTED HOUSEHOLDS IN THE WORST FLOOD

AFFECTED REGIONS THROUGH SHELTER KITS, NFIS, HYGIENE KITS AND THE

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

DISINFECTION OF WATER POINTS.

- EMERGENCY CASH TRANSFERS TO REFUGEES IN SERBIA WHICH PROVIDES MONTHLY

CASH TRANSFERS TO 3500 VULNERABLE REFUGEES, ASYLUM SEEKERS AND

MIGRANTS.

- TUNISIA WINTERIZATION WHICH SUPPORTS VULNERABLE COMMUNITIES TO

WITHSTAND THE HARSH WINTER CONDITIONS WITH NON-FOOD ITEMS THROUGH

WINTER KITS INCLUDING BLANKETS, COATS, WOOLEN HATS, SOCKS ETC.

- FOOD AND WATER FOR DROUGHT AFFECTED COMMUNITIES IN SOMALIA THROUGH

THE DISTRIBUTION OF FOOD PACKS AND WATER RESERVOIR REHABILITATION.

ESTIMATED BENEFICIARIES: 203,837

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOLLOWING:

- ALTERNATIVE ORPHAN SPONSORSHIP PROGRAM THROUGH SUSTAINABLE

LIVELIHOODS IN LALMONIRHAT, BANGLADESH WHICH SEEKS TO PILOT AN

ALTERNATIVE APPROACH TO THE ONE-TO-ONE SPONSORSHIP PROGRAM TO ENSURE

CHILDREN AND THEIR GUARDIANS, INCLUDING WIDOWS, ARE ABLE TO GRADUATE

FROM THE SPONSORSHIP PROGRAM WITHIN 4 YEARS THROUGH INTEGRATED

SUSTAINABLE LIVELIHOOD APPROACHES WHILST ENSURING ACCESS TO EDUCATION

AND PROTECTION. PROJECT WILL TARGET 700 ORPHANS' FAMILIES WHO WILL MEET

THE CRITERIA.

- ASSISTING ORPHANS EDUCATION IN JALALABAD AND BAMYAN, AFGHANISTAN

SEEKS TO PROVIDE QUALITY EDUCATION TO 658 ORPHANS, THROUGH PROVISION OF

SCHOOL UNIFORMS, BAGS, AND OTHER LEARNING MATERIALS. THE PROJECT ALSO

PROVIDES FOOD FOR CHILDREN RESIDING AT THE SCHOOL DORMITORIES, REPAIRS

CLASSROOMS, PROVIDES RECREATIONAL EVENTS AND ACTIVITIES FOR STUDENTS,

AND PROVIDES CHILD RIGHTS AWARENESS SESSIONS TO FAMILIES AND LOCAL

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

GOVERNMENT

ESTIMATED BENEFICIARIES: 25,074

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD SECURITY AND LIVELIHOOD:

INCLUDES ACTIVITIES RELATED TO FISHERIES, LIVESTOCK, PESTS AND

PESTICIDES, SEED SYSTEMS AND AGRICULTURAL INPUTS, VETERINARY MEDICINES

AND VACCINES. ALSO INCLUDES ACTIVITIES RELATED TO LONG-TERM AND

SHORT-TERM ECONOMIC ASSET DEVELOPMENT, ASSET RESTORATION, MARKET

INFRASTRUCTURE REHABILITATION, MICRO-CREDIT, MICROFINANCE, AND

TEMPORARY EMPLOYMENT SUCH AS CASH FOR WORK.

EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- FOOD SECURITY ENHANCEMENT IN DISTRICT OUALLAM, NIGER THROUGH IMPROVED

WATER SYSTEMS VIA THE CONSTRUCTION OF BOREHOLES AND SOLAR POWERED

PANELS, TRAINING WATER MANAGEMENT COMMITTEES AND IMPROVED FOOD SECURITY

PRACTICES THROUGH TRAININGS IN HARVESTING AND PRODUCTION, COMPOST

CONTROL AND GARDEN ACTIVITIES.

- LIVESTOCK DISTRIBUTION FOR SUSTAINABLE LIVELIHOODS IN ALBANIA WHICH

IS IMPROVING THE ECONOMIC STATUS, FOOD NUTRITION AND EMPOWERMENT OF 78

WOMEN HEADED HOUSEHOLDS THROUGH HOUSE-BASED LIVESTOCK REARING THROUGH

TRAININGS AND THE DISTRIBUTION OF LIVESTOCK.

- DROUGHT RESPONSE LIFESAVING FOOD AND WATER DISTRIBUTION IN SOMALIA

WHICH ADDRESSED THE ACUTE NEEDS TO HELP VULNERABLE PASTORALISTS SURVIVE

DROUGHT THROUGH FOOD DISTRIBUTIONS, WATER TREATMENT SACHETS AND WATER

TRUCKING

- REBUILDING LIVELIHOODS AND REDUCING FOOD INSECURITY IN NORTHERN MALI



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WHICH IS ENHANCING LIVELIHOODS OF VULNERABLE DROUGHT AND CONFLICT

AFFECTED RURAL POOR HOUSEHOLDS THROUGH AGRICULTURAL PRODUCTION OF 240

SMALLHOLDER FARMERS, VEGETABLE PRODUCTION FOR SALE TO INCREASE

HOUSEHOLD INCOME, SENSITIZATION CAMPAIGNS AND AN INCREASED ACCESS TO

IMPROVED SAFE WATER SOURCES.

- DROUGHT RESISTANT AGRICULTURAL MODELING IN PAKISTAN WHICH ESTABLISHED

MARKET-ORIENTED LIVELIHOOD MODELS THROUGH INFLUENCING AND ADVOCATING

AGRICULTURE DEPARTMENTS FOR DROUGHT MANAGEMENT PLANNING AND IMPROVED

FOOD SECURITY THROUGH THE PRACTICE OF DROUGHT RESISTANT CROPS AND BY

LINKING FARMERS TO MARKETS.

ESTIMATED BENEFICIARIES: 1,174,643

EXPENSES \$ 11,716,960. INCLUDING GRANTS OF \$ 11,163,046. REVENUE \$ 0.

US PROGRAMS:

IRUSA U.S. PROGRAMS' MAIN INTERVENTIONS CONSIST OF:

1. GRANTS IRUSA OFFERS 501(C) (3) ORGANIZATIONS OPPORTUNITIES TO APPLY

FOR GRANT FUNDS. THIS FUNDING HELPS FACILITATE PROJECTS SUCH AS FOOD

PROGRAMS, HEALTH AND WELLNESS INITIATIVES AND LIVELIHOOD ASSISTANCE IN

ADDITION TO OTHER DOMESTIC INITIATIVES.

2. SEASONAL PROGRAMS

A. RAMADAN FOOD BOXES

B. QURBANI (MEAT DISTRIBUTION)

C. SUMMER FOOD SERVICE PROGRAM

D. THANKSGIVING TURKEY DISTRIBUTION

E. MARTIN LUTHER KING JR. (MLK) DAY OF SERVICE

Name of the organization

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3. DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND  
REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE,  
POOR WORKING COMMUNITIES).

4. DISASTER RESPONSE TEAM (DRT) TRAINS AND DEPLOYS VOLUNTEERS AROUND  
THE COUNTRY TO RESPOND TO DOMESTIC DISASTERS IN THE UNITED STATES. DRT  
ALSO DISTRIBUTES FOOD AND HOUSEHOLD ITEMS AS WELL AS PROVIDES FINANCIAL  
ASSISTANCE TO DISASTER AFFECTED PEOPLE.

ESTIMATED BENEFICIARIES: 190,398

EXPENSES \$ 5,826,954. INCLUDING GRANTS OF \$ 5,509,303. REVENUE \$ 0.

EDUCATION:

INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY  
EDUCATION, WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION.

EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- INTEGRATED SUPPORT PROGRAM FOR DADAAB REFUGEE HOST COMMUNITY WHICH  
ENSURED AN INCREASE ACCESS AND ENROLLMENT IN EARLY CHILD DEVELOPMENT  
EDUCATION AND PRIMARY EDUCATION FOR CHILDREN IN IFO REFUGEE CAMP AND  
VULNERABLE CHILDREN IN THE HOST COMMUNITY THROUGH ENROLLMENT CAMPAIGNS,  
THE PROVISION OF AGE APPROPRIATE TEACHING AND READING MATERIALS AND  
PROMOTION OF SAFE AND FRIENDLY LEARNING ENVIRONMENT FOR CHILDREN.

ESTIMATED BENEFICIARIES: 2,297

EXPENSES \$ 3,849,704. INCLUDING GRANTS OF \$ 3,642,155. REVENUE \$ 0.

WATER, SANITATION &amp; HYGIENE:

Name of the organization

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INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,  
SANITATION, AND WATER SUPPLY.

EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- HUMANITARIAN AID AND RECOVERY IN WAU AND JUBA, SOUTH SUDAN WHICH  
PROVIDED INDIVIDUALS WITH FUNCTIONAL AND SAFE PIT LATRINES, CLEAN AND  
SAFE WATER TO DECREASE WATER BORNE DISEASES, PROVIDED NFI/SHELTER KITS,  
INCREASED ACCESS TO SAFE WATER THROUGH WATER TRUCKING ACTIVITIES,  
HYGIENE PROMOTION SESSIONS AND THE PROVISION OF SOAP AND SANITARY  
TOWELS.

- DROUGHT EMERGENCY RELIEF IN WAJIR, KENYA WHICH PROVIDED SHORT TERM  
WATER TRUCKING TO SOCIAL AMENITIES SUCH AS SCHOOLS, HOSPITALS AND  
HEALTH FACILITIES AS WELL AS THE COMMUNITY, PROVIDED HYGIENE AND  
SANITATION PROMOTION THROUGH WATER MANAGEMENT COMMITTEES, THE  
REHABILITATION OF BOREHOLES AND DISTRIBUTED NFIS SUCH AS CONTAINERS AND  
WATER TREATMENT CHEMICALS.

- DROUGHT RESPONSE AND LIFESAVING FOOD AND WATER DISTRIBUTION IN  
ETHIOPIA WHICH PROVIDED WATER TRUCKING AND WATER TREATMENT SACHETS FOR  
TWO MONTHS.

- FOOD AND WATER FOR DROUGHT AFFECTED COMMUNITIES IN SOMALIA WHICH  
REHABILITATED 8 BOREHOLES AND 7 WATER RESERVOIRS AND PROVIDED WATER  
TRUCKING FOR 60 DAYS.

- SUPPORT TO PEACE AND RESILIENCE IN COMMUNITIES IN MINDANAO,  
PHILIPPINES WHICH PROVIDES THE CONSTRUCTION OF 8 HANDWASHING  
FACILITIES, 8 HYGIENE PROMOTION SESSIONS FOR BENEFICIARIES, SUPPORT FOR  
WATER FACILITIES CONSTRUCTED AND THE ORGANIZATION OF COMMUNITY DISASTER  
RESPONSE TEAMS.

- HOPE FOR CLEAN WATER AND CLEAN ENVIRONMENT TO INTERNALLY DISPLACED

Name of the organization

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FAMILIES INSIDE OF SYRIA THROUGH THE PROVISION OF WATER TANKS,  
MAINTENANCE AND EXISTENCE OF WATER WELLS, THE DISTRIBUTION OF JERRY  
CANS AND HYGIENE KITS PARALLELED WITH HYGIENE AWARENESS ACTIVITIES AS  
WELL AS SECURING A CLEAN LIVING ENVIRONMENT THROUGH SOLID WASTE REMOVAL  
AND COMMUNITY INVOLVEMENT.

ESTIMATED BENEFICIARIES: 4,102

EXPENSES \$ 2,003,171. INCLUDING GRANTS OF \$ 1,894,857. REVENUE \$ 0.

FORM 990, PART III, LINE 4A-4D: BENEFICIARY COUNT METHODOLOGY

IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE  
BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN  
INVOLVE DATA INTEGRITY AND OTHERS ARE INTRINSIC TO THE CONTEXT IN THE  
FIELD, INCLUDING THE ABILITY TO MAINTAIN AN ACCURATE CENSUS OF A  
TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF  
EXCELLENCE AND STEWARDSHIP, IRUSA STRIVES TO BE AWARE OF, AND ADOPT,  
THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY.

SINCE 2016, IRUSA HAS ADOPTED A METHODOLOGY FOR THE PROGRAMS WE FUND  
AND/OR IMPLEMENT IN WHICH A BENEFICIARY WHO IS PROVIDED WITH MULTIPLE  
SERVICES DURING A 12-MONTH PERIOD, WHETHER THROUGH THE SAME OR MULTIPLE  
PROJECTS, IS COUNTED AS ONE INDIVIDUAL RECIPIENT. ALSO, BENEFICIARY  
NUMBERS ARE INCLUSIVE OF ALL THOSE WHO WERE SERVED THROUGHOUT A  
REPORTING YEAR, INCLUDING PROJECTS THAT MAY HAVE CARRIED OVER FROM ONE  
YEAR TO THE NEXT OR ARE MULTIPLE YEAR PROJECTS.

FORM 990, PART IV, LINE 12



Name of the organization

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ISLAMIC RELIEF USA RECEIVED A CONSOLIDATED STATEMENT THAT INCLUDED ITSELF, ITS DISREGARDED ENTITY, 88 WHEELER FOUNDATION LLC, AND ITS RELATED SUPPORTING ORGANIZATION, IRUSA WAQF, PREPARED IN ACCORDANCE WITH GAAP. ISLAMIC RELIEF USA DID NOT RECEIVE A SEPARATE STATEMENT FOR ITSELF AS A STANDALONE ENTITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE IRS FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE, PROGRAM, AND LEGAL DEPARTMENTS. IT IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART V, LINE 2A, EMPLOYEE'S W-2'S:

OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET HR CORPORATION, FILED 158 W-2'S ON BEHALF OF IRUSA. TRINET HR CORPORATION (TRINET HR III, INC.) IS A PROFESSIONAL EMPLOYER ORGANIZATION HEADQUARTERED AT 9000 TOWN CENTER PARKWAY, BRADENTON, FL 34202, (888) 874-6388. IT PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL PROCESSING, HUMAN CAPITAL CONSULTING, AND EMPLOYEE BENEFITS FOR SMALL TO MEDIUM-SIZED BUSINESSES.

THEIR EIN IS 48-1304650.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY. THE CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS ANNUALLY. IF A

Name of the organization

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TRANSACTION COMES BEFORE THE BOARD FOR CONSIDERATION THAT INVOLVES A  
 CONFLICT OF INTEREST, THE CONFLICTED BOARD MEMBER MUST ALERT THE BOARD TO  
 THE CONFLICT AND RECUSE HIMSELF OR HERSELF FROM VOTING ON THE MATTER. THIS  
 PROCESS WOULD BE RECORDED IN THE MINUTES. CONFLICT OF INTEREST DISCLOSURES  
 ARE MADE BY KEY EMPLOYEES, REVIEWED BY HUMAN RESOURCES AND SHARED WITH THE  
 KEY EMPLOYEE'S SUPERVISOR IF IT APPEARS THAT THE EMPLOYEE WOULD BE INVOLVED  
 IN DECISION-MAKING THAT COULD RESULT IN A CONFLICT. THE ORGANIZATION  
 MAINTAINS INTERNAL CONTROLS AND POLICIES THAT FACILITATE ENFORCEMENT WITH  
 THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEW RECOMMENDED COMPENSATION LEVELS IN LIGHT OF  
 MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS,  
 RELEVANT SALARY SURVEYS, IRS FORM 990 DATA FROM SIMILARLY SITUATED NGOS,  
 AND OTHER COMPARABLE, AND THEN APPROVES OR ADJUSTS THE TOTAL COMPENSATION  
 AND/OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN  
 CONTEMPORANEOUS MINUTES. COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE  
 ORGANIZATION ARE APPROVED BY IRUSA'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NJ, NH, NM, NY, OK, OR, PA, RI, SC  
 TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

IRUSA'S FINANCIAL STATEMENTS ARE AVAILABLE AT: [WWW.IRUSA.ORG](http://WWW.IRUSA.ORG). GOVERNING  
 DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST  
 AT: [OFFICIAL@IRUSA.ORG](mailto:OFFICIAL@IRUSA.ORG). FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY  
 AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF

Name of the organization

ISLAMIC RELIEF USA

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DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY EXCHANGE GAIN 121,701.

GRANT REFUNDS 3,063,962.

TOTAL TO FORM 990, PART XI, LINE 9 3,185,663.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

Name of the organization

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95-4453134

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
88 WHEELER FOUNDATION, LLC - 27-1092788 PO BOX 23862 ALEXANDRIA, VA 22304	REAL ESTATE	VIRGINIA	0.	3,762,191.	ISLAMIC RELIEF USA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
IRUSA WAQP - 47-1666091 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	ACCEPT GIFTS AND MANAGES ASSETS FOR PRODUCTION OF INCOME	VIRGINIA	501(C)(3)	LINE 12B, II USA	ISLAMIC RELIEF	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		x
<b>c</b> Gift, grant, or capital contribution from related organization(s)		x
<b>d</b> Loans or loan guarantees to or for related organization(s)		x
<b>e</b> Loans or loan guarantees by related organization(s)		x
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		x
<b>h</b> Purchase of assets from related organization(s)		x
<b>i</b> Exchange of assets with related organization(s)		x
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		x
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		x
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		x
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		x
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		x
<b>o</b> Sharing of paid employees with related organization(s)		x
<b>p</b> Reimbursement paid to related organization(s) for expenses		x
<b>q</b> Reimbursement paid by related organization(s) for expenses		x
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

IRUSA WAQF

PRIMARY ACTIVITY: ACCEPT GIFTS AND MANAGES ASSETS FOR PRODUCTION OF INCOME

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  ISLAMIC RELIEF USA	Employer identification number (EIN) or  95-4453134
	Number, street, and room or suite no. If a P.O. box, see instructions. 3655 WHEELER AVE.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22304	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TAREQ OSMAN, CPA, CONTROLLER

- The books are in the care of ► 3655 WHEELER AVE. - ALEXANDRIA, VA 22304  
Telephone No. ► 703-370-7202 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2017 or  
► ☐ tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.